



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="57136.59"/>	<input type="text" value="57136.59"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="71942.52"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5720.03"/>	<input type="text" value="24525.96"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="77662.55"/>	<input type="text" value="81662.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15000.00"/>	<input type="text" value="19000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="62662.55"/>	<input type="text" value="62662.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Skilled Healthcare Group Inc. Political Action Committee**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4827.08	17672.40
(ii) Unitemized .....	892.95	6853.56
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5720.03	24525.96
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5720.03	24525.96
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5720.03	24525.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5720.03	24525.96

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	18500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	15000.00	19000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	19000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5720.03	24525.96
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5720.03	24525.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN  
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:  
Transaction ID:

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

**Transaction ID : A2012-1066152**

Amount of Each Receipt this Period  
25.00

**B. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant
---	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
275.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : A2012-1304027**

Amount of Each Receipt this Period  
25.00

**C. Della Alexander**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

**Transaction ID : A2012-1304127**

Amount of Each Receipt this Period  
25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Della Alexander**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation Regional Financial Consultant
---	---

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
325.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : A2012-1349569**

Amount of Each Receipt this Period  

4	3	2	1	0	.	0	0
						2	5

**25.00**

**B. William A Crommett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

**Transaction ID : A2012-1066089**

Amount of Each Receipt this Period  

4	0	0	0	0	.	0	0
						4	0

**40.00**

**C. William A Crommett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT
--	-------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
440.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	01	/	2012

**Transaction ID : A2012-1303964**

Amount of Each Receipt this Period  

4	0	0	0	0	.	0	0
						4	0

**40.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>105.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. William A Crommett**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2012

**Transaction ID : A2012-1304064**

Amount of Each Receipt this Period  

40.00
-------

**B. William A Crommett**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **520.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2012

**Transaction ID : A2012-1349506**

Amount of Each Receipt this Period  

40.00
-------

**C. Huong Dang**  
Full Name (Last, First, Middle Initial)

Mailing Address 2909 West Willits

City Santa Ana	State CA	Zip Code 92704
-------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation VP Internal Audit
--	---------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	18	/	2012

**Transaction ID : A2012-1066098**

Amount of Each Receipt this Period  

30.00
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<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Huong Dang</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 01 / 2012 <b>Transaction ID : A2012-1303973</b>
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 330.00

Full Name (Last, First, Middle Initial) <b>B. Huong Dang</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 15 / 2012 <b>Transaction ID : A2012-1304073</b>
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00

Full Name (Last, First, Middle Initial) <b>C. Huong Dang</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 06 / 29 / 2012 <b>Transaction ID : A2012-1349515</b>
Mailing Address 2909 West Willits		Amount of Each Receipt this Period 30.00
City Santa Ana State CA Zip Code 92704	FEC ID number of contributing federal political committee. C	
Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	90.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Robert Fancy</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 <b>Transaction ID : A2012-1066102</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Robert Fancy</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 <b>Transaction ID : A2012-1303977</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Robert Fancy</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 <b>Transaction ID : A2012-1304077</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Rnach	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304069**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Christopher Felfe**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC CAO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349511**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Denise German**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303967**

Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Denise German**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VPO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304067**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**B. Denise German**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VPO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349509**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Boyd W Hendrickson**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : A2012-1066087**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 240.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Boyd W Hendrickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303962**  
 Amount of Each Receipt this Period  
 200.00

**B. Boyd W Hendrickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304062**  
 Amount of Each Receipt this Period  
 200.00

**C. Boyd W Hendrickson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349504**  
 Amount of Each Receipt this Period  
 200.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303971**  
 Amount of Each Receipt this Period  
 20.00

**B. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304071**  
 Amount of Each Receipt this Period  
 20.00

**C. Lorraine Kozloski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 534 Via Estrada Unit A  
 City Laguna Woods State CA Zip Code 92637  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare LLC Occupation Accountant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349513**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 60.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2012 <b>Transaction ID : A2012-1066103</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>B. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 06 / 01 / 2012 <b>Transaction ID : A2012-1303978</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

Full Name (Last, First, Middle Initial) <b>C. Zachary Larson</b>		Date of Receipt MM / DD / YYYY 06 / 15 / 2012 <b>Transaction ID : A2012-1304078</b>
Mailing Address 27442 Portola Parkway		Amount of Each Receipt this Period 25.00
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	75.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Zachary Larson**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **325.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 29 / 2012**

**Transaction ID : A2012-1349520**

Amount of Each Receipt this Period  
**25.00**

**B. Jose Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1923.10**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 18 / 2012**

**Transaction ID : A2012-1066088**

Amount of Each Receipt this Period  
**192.31**

**C. Jose Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2115.41**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**06 / 01 / 2012**

**Transaction ID : A2012-1303963**

Amount of Each Receipt this Period  
**192.31**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>409.62</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Jose Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2307.72

Date of Receipt  
06 / 15 / 2012  
**Transaction ID : A2012-1304063**

Amount of Each Receipt this Period  
192.31

**B. Jose Lynch**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Parkway

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC President and COO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.03

Date of Receipt  
06 / 29 / 2012  
**Transaction ID : A2012-1349505**

Amount of Each Receipt this Period  
192.31

**C. Frederic Maas**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Skilled Healthcare LLC SVP Director of Tax

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
384.60

Date of Receipt  
05 / 18 / 2012  
**Transaction ID : A2012-1066093**

Amount of Each Receipt this Period  
38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 423.08

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Frederic Maas**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 423.06

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303968**

Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**B. Frederic Maas**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 461.52

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304068**

Amount of Each Receipt this Period  
 38.46

Full Name (Last, First, Middle Initial)  
**C. Frederic Maas**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC SVP Director of Tax

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 499.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349510**

Amount of Each Receipt this Period  
 38.46

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 115.38

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Jon Monks</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : A2012-1303957</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. Jon Monks</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : A2012-1304057</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. Jon Monks</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 <b>Transaction ID : A2012-1349499</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 22 OF 30
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. D. Shane Peck</b>		Date of Receipt MM / DD / YYYY 05 / 25 / 2012 <b>Transaction ID : A2012-1303958</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name (Last, First, Middle Initial) <b>B. D. Shane Peck</b>		Date of Receipt MM / DD / YYYY 06 / 08 / 2012 <b>Transaction ID : A2012-1304058</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00	

Full Name (Last, First, Middle Initial) <b>C. D. Shane Peck</b>		Date of Receipt MM / DD / YYYY 06 / 22 / 2012 <b>Transaction ID : A2012-1349500</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 100.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare Group Inc.	Occupation Pres Signature Homecare Hospic	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	300.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Roland Rapp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 18 / 2012 <b>Transaction ID : A2012-1066090</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1920.00	

Full Name (Last, First, Middle Initial) <b>B. Roland Rapp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 01 / 2012 <b>Transaction ID : A2012-1303965</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2112.00	

Full Name (Last, First, Middle Initial) <b>C. Roland Rapp</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 06 / 15 / 2012 <b>Transaction ID : A2012-1304065</b>
Mailing Address 27442 Portola Pkwy #200		Amount of Each Receipt this Period 192.00
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2304.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Roland Rapp**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC General Counsel/CAO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 2496.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349507**  
 Amount of Each Receipt this Period  
 192.00

Full Name (Last, First, Middle Initial)  
**B. Jon Sadayasu**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VP Finance Controller  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 220.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303970**  
 Amount of Each Receipt this Period  
 20.00

Full Name (Last, First, Middle Initial)  
**C. Jon Sadayasu**  
 Mailing Address 27442 Portola Pkwy #200  
 City State Zip Code  
 Foothill Ranch CA 92610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Skilled Healthcare LLC VP Finance Controller  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 240.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304070**  
 Amount of Each Receipt this Period  
 20.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 232.00  
**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Jon Sadayasu**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Finance Controller

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349512**

Amount of Each Receipt this Period  
 20.00

**B. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : A2012-1066099**

Amount of Each Receipt this Period  
 25.00

**C. Kelly Smith**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 01 / 2012  
**Transaction ID : A2012-1303974**

Amount of Each Receipt this Period  
 25.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 70.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Kelly Smith**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Area President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 15 / 2012  
**Transaction ID : A2012-1304074**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**B. Kelly Smith**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC Area President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 325.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 29 / 2012  
**Transaction ID : A2012-1349516**

Amount of Each Receipt this Period  
 25.00

Full Name (Last, First, Middle Initial)  
**C. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 18 / 2012  
**Transaction ID : A2012-1066148**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 85.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 30  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 385.00

Date of Receipt  
 06 / 01 / 2012  
**Transaction ID : A2012-1304023**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**B. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 420.00

Date of Receipt  
 06 / 15 / 2012  
**Transaction ID : A2012-1304123**

Amount of Each Receipt this Period  
 35.00

Full Name (Last, First, Middle Initial)  
**C. Peter Stong**

Mailing Address 27442 Portola Pkwy #200

City State Zip Code  
 Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
 Skilled Healthcare LLC VPO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 455.00

Date of Receipt  
 06 / 29 / 2012  
**Transaction ID : A2012-1349565**

Amount of Each Receipt this Period  
 35.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 105.00

**TOTAL** This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Laurie Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1536.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : A2012-1303961**

Amount of Each Receipt this Period  
192.00

**B. Laurie Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1728.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : A2012-1304061**

Amount of Each Receipt this Period  
192.00

**C. Laurie Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 3106 Montana del Sol

City San Clemente	State CA	Zip Code 92673
----------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare Group Inc.	Occupation COO
---	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1920.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : A2012-1349503**

Amount of Each Receipt this Period  
192.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	576.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Skilled Healthcare Group Inc. Political Action Committee**

**A. Mary Thurber**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2012

**Transaction ID : A2012-1303931**

Amount of Each Receipt this Period  
20.00

**B. Mary Thurber**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	08	/	2012

**Transaction ID : A2012-1304032**

Amount of Each Receipt this Period  
20.00

**C. Mary Thurber**  
Full Name (Last, First, Middle Initial)

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch	State CA	Zip Code 92610
------------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC	Occupation Administrator
--	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	22	/	2012

**Transaction ID : A2012-1349473**

Amount of Each Receipt this Period  
20.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	60.00
<b>TOTAL</b> This Period (last page this line number only).....	4827.08

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Skilled Healthcare Group Inc. Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Majority Committee PAC--MC PAC**

Mailing Address 213 Ashby Street

City Alexandria State VA Zip Code 22305

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Not Applicable

State: CA District:

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

Transaction ID : B427960

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Hatch Election Committee Inc**

Mailing Address PO Box 900427

City Sandy State UT Zip Code 84090

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

**Orrin G Hatch**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Not Applicable

State: UT District:

Date of Disbursement

MM / DD / YYYY  
06 / 22 / 2012

Transaction ID : B428412

Amount of Each Disbursement this Period

5000.00

Contribution for 2nd Primary. Contribution to 1st Primary given before Convention date.

Full Name (Last, First, Middle Initial)

**C. Cantor for Congress**

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

**Eric I Cantor**

Office Sought:  House  Senate  President

Disbursement For: 2012  
 Primary  General  
 Other (specify)  Not Applicable

State: VA District: 07

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2012

Transaction ID : B427939

Amount of Each Disbursement this Period

5000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

15000.00

**TOTAL** This Period (last page this line number only)..... ▶

15000.00